



**MOTOROLA**

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**Law Department**

**Date: September 3, 2002**

**TO: Examiner Kim T. Huynh, USPTO (703) 305-5384**  
**(ADDRESSEE) (PHONE)**

**Application No.: 09/490,132; Group Art Unit 2181 (703 746-7239**  
**(LOCATION) (FAX)**

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**(SENDER) (EXTENSION)**

**TOTAL NUMBER OF PAGES 5 (including this page)**

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Re: Application No.: 09/490,132  
Inventors: William C. Moyer  
Docket No.: SC10927TS

Attached please find:

1. Transmittal Letter (1 page); and
2. Response To Non-Final Office Action (3 pages).

If you have any questions, please contact us.

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PTO/SB/17

<b>TRANSMITTAL FORM</b>	Application Number	09/490,132	
	Filing Date	January 24, 2000	
	First Named Inventor	William C. Moyer	
	Group Art Unit	2181	
	Examiner Name	Kim T. Huynh	
Total Number of Pages in this Submission	4	Attorney Docket Number	SC10927TS

ENCLOSURES			(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> of Appeals and Interferences	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter with appropriate copies	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Response to Restriction Requirement	
<input type="checkbox"/> Response to Missing Parts/		<input type="checkbox"/> Associate Power of Attorney	
		<input type="checkbox"/> RCE	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Joanna G. Chiu	Registration No.	43,629
Signature			
Date	9-3-02		

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office			
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